trimETHOPRIM

10mg/mL oral mixture

Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Synonyms

TMP

Dose and Indications

Treatment of susceptible infections

Oral

3mg/kg loading dose, then 2mg/kg every twelve hours

Length of treatment should be guided by pathology and clinical picture

Prophylaxis for urinary tract infections

Oral

2mg/kg once a day

Prophylaxis for Micturating Cystourethrogram (MCUG)

Oral

2mg/kg once a day* for 3 days, with MCUG taking place on the second day

**Due to limited evidence for optimal dosing in MCUG, consensus decision to use standard prophylaxis dose.*

Preparation and Administration

Oral

The 10mg/mL solution contains:

Dose	2mg	4mg	6mg	8mg	10mg	12mg
Volume	0.2mL	0.4mL	0.6mL	0.8mL	1mL	1.2mL

The 10mg/mL oral mixture is not commercially available however is manufactured at the Women's and Children's Hospital and can be purchased by other public hospitals.

Give with feeds to minimise gastrointestinal irritation

Adverse Effects

Common

Fever, rash, vomiting, hyperkalaemia (below)

Hyperkalaemia can occur with usual doses but is more likely to be clinically significant as dose increases. Average onset is 4–5 days. Risk factors are high dose and renal impairment.

Rare

Leucopenia, thrombocytopenia, megaloblastic anaemia, methaemoglobinaemia (especially with high doses or prolonged treatment), allergy including anaphylaxis, Stevens-Johnson syndrome, toxic epidermal necrolysis

Monitoring

- Where treatment is prolonged (e.g. greater than 7 days):
  - Monitor potassium, renal function and blood count

Practice Points

- Be cautious of prescribing trimethoprim in the following circumstances:
  - patients with severe haematological disorders (folic acid deficiency and blood dyscrasias may worsen). Contraindicated in megaloblastic anaemia due to folate deficiency
  - patients with renal impairment - reduced or less frequent dosage is recommended
  - patients with hepatic impairment
  - known hyperkalaemia and/or concomitant use of medications that increase the risk of hyperkalaemia

References

- Urinary tract infections in under 16s: diagnosis and management, 2007, Clinical Guideline, National Institution for Health and Care Excellence, accessed online February 2022

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